• • **FILE NOW: FILING FEE IS $61.25**

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759182 (9)

1. Corporation Name
HOSPICE CARE OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
309 SE 18TH ST FORT LAUDERDALE FL 33316	309 SE 18TH ST FORT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 07/14/1981

4. FEI Number: 59-2120945 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GENT, RUTH
309 S.E. 18 STREET
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: RONALD PLOUTZ
82 Street Address (P.O. Box Number is Not Acceptable): 321 S.E. 18 Street
83
84 City: Ft Lauderdale FL 85 Zip Code: 33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Ronald Ploutz, Director of Finance — 4-14-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TEETER, JONATHAN O		1.2 NAME		
STREET ADDRESS	2001 N.E. 29 CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JORDAN, JERRY		2.2 NAME		
STREET ADDRESS	5110 N. FEDERAL HIGHWAY		2.3 STREET ADDRESS	4343 N. Federal Hwy.	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	33308	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LICHTENSTEIN, BERT		3.2 NAME		
STREET ADDRESS	5111 W. OAKLAND PARK BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		3.4 CITY-ST-ZIP	33313	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MEHALLIS, MARTIE		4.2 NAME		
STREET ADDRESS	4221 N.E. 25 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	33301	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HVIDE, HANS		5.2 NAME		
STREET ADDRESS	701 SE 24 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	33316	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/6/98 954-462-7041

HOSPICE CARE
OF BROWARD COUNTY, INC.

HOSPICE CARE OF BROWARD COUNTY, INC.
BOARD OF DIRECTORS
1997-1998

EXECUTIVE BOARD

President: **Roland K. Molinet, M.D.**
12 N. E. 12th Avenue
Fort Lauderdale, Florida 33301
Work: 462-7041

Vice President: **Ned Skiff**
1401 N.E. 5th Court
Fort Lauderdale, Florida 33301
Home: 527-5878
Beeper: 896-6969
FAX: 527-0136

Treasurer: **Jose Pagan**
3965 N.W. 75th Terrace
Lauderhill, Florida 33319
749-0059
Work: (305) 536-9279

Secretary: **Patti Ward**
1017 S.E. 6th Court
Fort Lauderdale, Florida 33316
524-8743

Revised: 3/2/98

GENERAL BOARD

Jack Brewer
1107 S.E. 6th Street
Fort Lauderdale FL 33301
Home: 523-0348
Office: 491-7788

Hans Hvide
c/o Eller & Company
701 S.E. 24th Street
Fort Lauderdale, Florida 33316
525-3381

Jerry Jordan
Jordan-Fannin Funeral Homes
5110 N. Federal Highway
Fort Lauderdale, Florida 33308
771-7303
Fax: 771-7232

John Latona
Latona and Isenberg
315 S.E. 7th Street
Fort Lauderdale, Florida 33301
523-8899
FAX: 523-5162

Bert Lichtenstein
5111 W. Oakland Park Boulevard
Lauderdale Lakes, Florida 33313
731-6348

Fr. Patrick McDonnell
St. Sebastien's Church
2518 Barbara Drive
Fort Lauderdale, Florida 33316
524-9344
FAX:

James Murphy, Esq
633 South Andrews Avenue, #200
Fort Lauderdale, Florida 33301
[illegible]

Karin Rhodes
The Rhodes Insurance Group
1219 East Las Olas Boulevard
Fort Lauderdale FL 33301
524-5075

Michael Robinson, Esq.
707 S.E. 3 Avenue
Fort Lauderdale, Florida 33316
Work: 524-8060

Frankie Thomas
621 N.W. 33 Avenue
Fort Lauderdale, FL 33311
584-2908